

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> Eloise Gomez Reyes for Congress			
ADDRESS (number and street) PO Box 11487			
<b>CITY, STATE, and ZIP CODE</b> San Bernardino CA 92423			
<b>2. NAME OF CANDIDATE</b> Eloise Gomez Reyes	<b>3. OFFICE SOUGHT (State and District)</b> House CA 31		<b>4. FEC IDENTIFICATION NUMBER</b> C00544809
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Robert Kounang 470 Orange St Redlands CA 92374-3240	Name of Employer Inland Medical Center  <b>Transaction ID : VN8MTCRFVW7</b> Occupation Physician	Date (month, day, year) 05/21/2014	Amount 1500.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer  Occupation	Date (month, day, year)	Amount
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer  Occupation	Date (month, day, year)	Amount
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer  Occupation	Date (month, day, year)	Amount
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer  Occupation	Date (month, day, year)	Amount
<b>SIGNATURE (optional)</b> William P Smith CPA  <i>[Electronically Filed]</i>		<b>DATE</b> 05/23/2014	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 07/2011)